

Patient Identification



- |   |  |
|---|--|
| <input type="checkbox"/> Acadia Healthcare            | <input type="checkbox"/> Laboratory                  |
| <input type="checkbox"/> Acadia Hospital              | <input type="checkbox"/> Lakewood                    |
| <input type="checkbox"/> A.R. Gould Hospital          | <input type="checkbox"/> Maine Coast Hospital        |
| <input type="checkbox"/> Beacon Health                | <input type="checkbox"/> Mayo Hospital               |
| <input type="checkbox"/> Blue Hill Hospital           | <input type="checkbox"/> Medical Transport           |
| <input type="checkbox"/> C. A. Dean Hospital          | <input type="checkbox"/> Mercy Hospital              |
| <input type="checkbox"/> Eastern Maine Medical Center | <input type="checkbox"/> Pharmacy                    |
| <input type="checkbox"/> Home Care & Hospice          | <input type="checkbox"/> Sebasticook Valley Hospital |
| <input type="checkbox"/> Inland Hospital              | <input type="checkbox"/> Work Health                 |

**AFFIDAVIT OF AUTHORIZED REPRESENTATIVE  
DECEASED PATIENT**

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**PLEASE FAX FORM TO HIM DEPARTMENT LISTED BELOW**

	Phone	Fax		Phone	Fax
Acadia Healthcare	(207) 973-6100	(207) 973-6822	Laboratory	(207) 973-6900	(207) 973-6999
Acadia Hospital	(207) 973-6100	(207) 973-6822	Lakewood	(207) 873-5125	(207) 861-9967
A.R. Gould Hospital	(207) 768-4175	(207) 768-4060	Maine Coast Hospital	(207) 664-5454	(207) 664-5398
Beacon Health	(207) 973-5692	(207) 989-1096	Mayo Hospital	(207) 564-4270	(207) 564-4360
Blue Hill Hospital	(207) 374-3458	(207) 374-3971	Medical Transport	(207) 275-2940	(207) 973-9487
C. A. Dean Hospital	(207) 695-5225	(207) 695-2254	Mercy Hospital	(207) 879-3373	(207) 822-2469
Eastern Maine Medical	(207) 973-7873	(207) 973-7867	Pharmacy	(207) 275-3216	(207) 561-4804
Home Care & Hospice	(800) 757-3326	(207) 400-8891	Sebasticook Valley Hospital	(207) 487-4026	(207) 487-3204
Inland Hospital	(207) 861-3150	(207) 861-3158			

**NONDISCRIMINATION STATEMENT:** Northern Light Health and its affiliates (Northern Light Health) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ethnicity, age, mental or physical ability or disability, political affiliation, religion, culture, socio-economic status, genetic information, veteran status, sexual orientation, sex, gender, gender identity or expression, or language. Northern Light Health does not exclude people or treat them differently because of race, color, national origin, ethnicity, age, mental or physical ability or disability, political affiliation, religion, culture, socio-economic status, genetic information, veteran status, sexual orientation, sex, gender, gender identity or expression, or language.

Northern Light Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - o Qualified sign language interpreters
    - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
  - Provides free language services to people whose primary language is not English, such as:
    - o Qualified interpreters
    - o Information written in other languages
- If you need these services, please call 1-888-986-6341. If you have a TTY, you may also dial 711 Maine Relay.

If you believe that Northern Light Health or any of its affiliates has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ethnicity, age, mental or physical ability or disability, political affiliation, religion, culture, socio-economic status, genetic information, veteran status, sexual orientation, sex, gender, gender identity or expression, or language, you can file a grievance with your Northern Light Health Civil Rights Coordinator, 43 Whiting Hill Rd., Suite 200, Brewer, ME 04412, 1-866-769-8363 **(telephone)**, 1-207-989-1420 **(fax)**, or at nondiscrimination@northernlight.org **(email)**. If you need help filing a grievance, your Northern Light Health Civil Rights Coordinator is available to help you.



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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

*French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-986-6341 (ATS : 711).*

*Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-986-6341 (TTY: 711).*

*Oromo (Cushite): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-986-6341 (TTY: 711).*

*Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-986-6341 (TTY : 711)。*

*Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-986-6341 (TTY: 711).*

*Tagalog (Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-986-6341 (TTY: 711).*

*Cambodian (Khmer): ប្រុងប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់ប្រើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-986-6341 (TTY: 711)។*

*Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-986-6341 (телетайп: 711).*

*Arabic: (رقم 1-888-986-6341 ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم هاتف الصم والبكم: 711.)*

*German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-986-6341 (TTY: 711).*

*Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-986-6341 (TTY: 711) 번으로 전 화해 주십시오.*

*Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-986-6341 (TTY: 711).*

*Nilotic (Dinka): PID KENE: Na ye jam në Thuonjan, ke kuony yenë koc waar thook atōkuka lëu yök abac ke cîn wënh cuatë piny. Yuopë 1-888-986-6341 (TTY: 711)*

*Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-986-6341 (TTY:711) まで、お電話にてご連絡ください。*

*Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-986-6341 (TTY: 711).*

**AFFIDAVIT OF AUTHORIZED REPRESENTATIVE DECEASED PATIENT**

**To be completed by Staff:**

Patient's date of death \_\_\_\_\_ (insert date). Check at least one of the below boxes:

- A copy of the patient's death certificate is attached.
- I have confirmed that the patient died at the following Northern Light Health member organization: \_\_\_\_\_ (insert Northern Light Health entity name)

**To be completed by individual claiming to be the deceased patient's Authorized Representative:**

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Authorized Representative Name: \_\_\_\_\_

Authorized Representative Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Representative Phone: \_\_\_\_\_

The patient's estate has no personal representative, executor or administrator, and I am the deceased patient's Authorized Representative for release of health care information pursuant to 22 MRSA 1711-C(3-B) because I have the following relationship with the deceased patient (check one):

- I am the spouse;
- I am a parent (natural or adopted);
- I am an adult child, grandchild or sibling (natural or adopted, but not a step-sibling);
- I am an adult aunt, uncle, niece or nephew, related by blood or adoption;
- I am an adult related to the patient, by blood or adoption, who is familiar with the patient's personal values; or
- I am an adult who has special concern for the patient and who is familiar with the patient's personal values.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Representative

State of: \_\_\_\_\_ Date: \_\_\_\_\_

Then personally appeared the above named \_\_\_\_\_ to me well known or who provided proof of identity and made oath to the truth of the foregoing before me

\_\_\_\_\_  
Notary Public/Attorney at Law

Print Name: \_\_\_\_\_

My commission expires: \_\_\_\_\_